

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-015870

STATE FILE NUMBER

DO NOT WRITE  
ON THIS SUB

AMENDED

Registration District No. 176

Primary Registration District No. 176-63

Registrar's No. 9

9

FILED APR 18 1962

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Miller Greene</u>		c. CITY, OR TOWN <u>Miller</u> 7	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Residence</u>		d. STREET ADDRESS (If outside, give location) <u>R.R. # 2</u>	
3. NAME OF DECEASED (Type or print) First <u>Frank</u> Middle <u>Webb</u> Last <u>Webb</u>		4. DATE OF DEATH Month <u>3</u> Day <u>14</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5-13-1892</u>
9. AGE (last birthday) <u>69</u>		10. IF UNDER 1 YEAR Months <u>9</u> Days <u>30</u>	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		12. KIND OF BUSINESS OR INDUSTRY <u>USA</u>	
13a. FATHER'S NAME <u>C. W. H. Webb</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ann Morgan</u>	
14. NAME OF HUSBAND OR WIFE <u>Myra Webb</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>[REDACTED]</u>		17. INFORMANT <u>Myra Webb</u> Address <u>Miller Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>acute circulatory failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) <u>Coronary thrombosis &amp; Myocardial infarction</u> DUE TO (c) <u>arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>8:30</u> a.m. p.m. Month, Day, Year <u>3-14-62</u>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION <u>Miller Mo.</u>		
21. I attended the deceased from <u>1-30-59</u> to <u>3-14-62</u> and last saw him alive on <u>3-13-62</u> Death occurred at <u>8:30 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <u>3-16-62</u>	
22a. SIGNATURE <u>Hugh Baker</u> (Degree or title) <u>DO</u>		22b. ADDRESS <u>Miller, Mo.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3-18-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Round Grove</u>	23d. LOCATION (City, town, or county) (State) <u>N. Miller Mo.</u>
24. FUNERAL DIRECTOR <u>Morris Seiman</u> Address <u>Miller Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>3-16-62</u>	
26. REGISTRAR'S SIGNATURE <u>[Signature]</u>		27. DATE <u>3-6-62</u>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

VS APR 18 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

~~or by~~

\_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*E. R. Leiman*

Licensed Embalmer No. 3297

P. O. Address Miller Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.